

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-021433**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6066**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

**FILED JUN 13 1963**

**1. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY

c. CITY  
OR  
TOWN **St. Louis**

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Homer G. Phillips**

Inside Limits  
Yes ☐ No ☐

d. STREET  
ADDRESS (If outside, give location)  
**4614 Natural Bridge**

Reside on Farm  
Yes ☐ No ☐

**3. NAME OF DECEASED**  
(Type or print)

First

Middle

Last

**John**

**Coffee**

4. DATE  
OF  
DEATH

Month

Day

Year

**6**

**6**

**63**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**4-21-03**

9. AGE (last birthday)

**60**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Laborer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**John Kopfensteiner**

13b. MOTHER'S MAIDEN NAME

**Johanna Magiditch**

14. NAME OF HUSBAND OR WIFE

**Edna Boehlein, 4614 Natural Bridge**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**NO**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Septecemia**

INTERVAL BETWEEN  
ONSET AND DEATH  
**Undet.**

DUE TO (b)

**Generalized Peritonitis**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (c)

**Gangrene of Rt. Leg**

**455x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**Pulmonary Imbolism**

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5-13-63** to **6-6-63** and last saw him alive on **6-6-63**  
Death occurred at **6:50 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

**2601 N. Whittier**

22c. DATE SIGNED

**6-8-63**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
**Burial**

23b. DATE

**6-10-63**

23c. NAME OF CEMETERY OR CREMATORY

**Calvary Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis, Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Stroott - Carroll**

**4600 Natural Bridge**

25. DATE RECD. BY LOCAL REG.

**JUN 10 1963**

26. REGISTRAR'S SIGNATURE

**Joan Smith, M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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**77**

**77-0**

**210**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision: \_\_\_\_\_

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed M. W. Rauter

Licensed Embalmer No. 4865

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.